Revision: HCPA-PM-91-4 (BPD) AUGUST 1991

Supplement 1 to ATTACHMENT Page 1

OMB No.: 0938-

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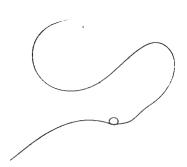
State:	UTAH	
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METHODS AND STANDARDS FOR ESTABLISHING PAYMENT RATES -OTHER TYPES OF CARE

Payment of Medicare Part A and Part B Deductible/Coinsurance

Except as specified on Page 3 of this supplement, the Medicaid agency uses the following general method for payment:

- Payments for impatient hospital services, outpatient hospital services, medical supplies, and physician-related services are limited to state plan rates and payment methodologies.
- Payments for other services are up to the full amount of the Medicare



T.N. No. Supersedes T.N. No. <u>10ew</u> Approval Date 12/18/91 Effective Date 10/19/

HCFA ID: 7982E

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STATE PLAN UNDER TITLE XIX OF THE SOCIAL SECURITY ACT

State:	UTAH	•
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METHODS AND STANDARDS FOR ESTABLISHING PAYMENT RATES -OTHER TYPES OF CARE

Payment of Medicare Part A and Part B Deductible/Coinsurance

QMBs:	Part A SP Deductibles SP Coinsurance
	Part B SP Deductibles SP Coinsurance
Other Medicald	Part A <u>SP</u> Deductibles <u>SP</u> Coinsurance
Recipients	Part B <u>SP</u> Deductibles <u>SP</u> Coinsurance
Dual Eligible	Part A SP Deductibles SP Coinsurance
(QMB Plus)	Part B <u>SP</u> Deductibles <u>SP</u> Coinsurance

Approval Date 12/18/91 Effective Date 10 T.N. No. Supersedes HCFA ID: 7982E

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STATE	PLAN	UNDER	TITLE	XTX	OF	THE	SOCIAL.	SECURITY	አ ረጥ
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State:UTAH	
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METHODS AND STANDARDS FOR ESTABLISHING PAYMENT RATES -OTHER TYPES OF CARE

Payment of Medicare Part A and Part B Deductible/Coinsurance

Medicaid payment for specified Medicare crossover claims will be the lower of the allowed Medicaid payment rate less the amounts paid by Medicare and other payors, or the Medicare co-insurance and deductibles. The specified Medicare crossover claims are defined as: Inpatient Hospital, Outpatient Hospital, Medical Supplies, and Physician-Related.

Expenses in the Medical Supplies category are further defined as billings from medical suppliers and pharmacies that bill for medical supplies.

Expenses in the Physician-Related category are further defined to include osteopaths, podiatrists, independent laboratories, and independent radiology providers. Anesthesiologists are excluded, however.

In the event that Medicaid does not have a price for codes included on a crossover claim, the Medicare co-insurance and deductible will be paid.

Medicaid payment for all other allowed Medicare crossover claims will be the amount of co-insurance and deductible billed by Medicare.